

Record of Meals Served

Center/Site: _____

Month/Year _____

	Breakfast				Total Break fast	Lunch				Total Lunches	P M Supplement				Total P.M. Snacks	Total Daily Attend	Program Adults		
Date	Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12			Breakfast	Lunch	PM
1																			
2																			
3																			
4																			
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25																			
26																			
27																			
28																			
29																			
30																			
31																			
Total																			

* PA means Program Adults

Milk on hand after the last meal service of the previous month _____ gal.

*7CFR 226.15(e)(4) and 226.15(e)(5)